



KANSAS CORPORATION COMMISSION 1055677
OIL & GAS CONSERVATION DIVISION

Form ACO-1

June 2009

Form Must Be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

- Deepening Re-perf. Conv. to ENHR Conv. to SWD
- Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY

- Letter of Confidentiality Received
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____



1055677

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. _____ Producing Method: Flowing Pumping Gas Lift Other *(Explain)* _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
FAX 620/431-0012

INVOICE

Invoice # 238438

Invoice Date: 12/08/2010 Terms:

Page 1

TRIMBLE & MACLASKEY OIL LLC
BOX 171
GRIDLEY KS 66852
() -

ROSSILLION #2
30027
12-06-10

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	80.00	13.5000	1080.00
1102	CALCIUM CHLORIDE (50#)	225.00	.7500	168.75
1118B	PREMIUM GEL / BENTONITE	150.00	.2000	30.00
1107	FLO-SEAL (25#)	20.00	2.1000	42.00

Description	Hours	Unit Price	Total
479 MIN. BULK DELIVERY	1.00	315.00	315.00
520 CEMENT PUMP (SURFACE)	1.00	725.00	725.00
520 EQUIPMENT MILEAGE (ONE WAY)	35.00	3.65	127.75

Parts: 1320.75 Freight: .00 Tax: 103.02 AR 2591.52
 Labor: .00 Misc: .00 Total: 2591.52
 Sublt: .00 Supplies: .00 Change: .00

Signed _____ Date _____

CONSOLIDATED
Oil Well Services, LLC

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Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
FAX 620/431-0012

INVOICE Invoice # 238624

Invoice Date: 12/15/2010 Terms: 0/0/30,n/30 Page 1

TRIMBLE & MACLASKEY OIL LLC BOX 171 GRIDLEY KS 66852 () -	ROSSILLION #2 30040 12-10-10
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Part Number	Description	Qty	Unit Price	Total
1126A	THICK SET CEMENT	125.00	17.0000	2125.00
1110A	KOL SEAL (50# BAG)	625.00	.4200	262.50
1107A	PHENOSEAL (M) 40# BAG)	30.00	1.1500	34.50
1103	CAUSTIC SODA	100.00	1.4500	145.00
4159	FLOAT SHOE AFU 5 1/2"	1.00	328.0000	328.00
4104	CEMENT BASKET 5 1/2"	1.00	219.0000	219.00
4130	CENTRALIZER 5 1/2"	6.00	46.0000	276.00
4454	5 1/2" LATCH DOWN PLUG	1.00	242.0000	242.00
1123	CITY WATER	3000.00	.0149	44.70

Description	Hours	Unit Price	Total
436 80 BBL VACUUM TRUCK (CEMENT)	3.00	85.00	255.00
WASH- WASH OR SWIVEL HEAD	1.00	100.00	100.00
515 MIN. BULK DELIVERY	1.00	315.00	315.00
520 CEMENT PUMP	1.00	925.00	925.00
520 EQUIPMENT MILEAGE (ONE WAY)	30.00	3.65	109.50

Parts:	3676.70	Freight:	.00	Tax:	286.79	AR	5667.99
Labor:	.00	Misc:	.00	Total:	5667.99		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____ Date _____

CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 30040

LOCATION EUREKA

FOREMAN KEVIN MCCOY

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY																
12-10-10	7842	Rossillion # 2	25	215	10E	LYON																
CUSTOMER <u>Trimble & MacLuskey Oil LLC</u>			<table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>520</td> <td>RICK L.</td> <td></td> <td></td> </tr> <tr> <td>515</td> <td>CALIN H</td> <td></td> <td></td> </tr> <tr> <td>436</td> <td>DAVE G.</td> <td></td> <td></td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	520	RICK L.			515	CALIN H			436	DAVE G.		
TRUCK #	DRIVER	TRUCK #					DRIVER															
520	RICK L.																					
515	CALIN H																					
436	DAVE G.																					
MAILING ADDRESS <u>P.O. Box 171</u>																						
CITY <u>Gridley</u>																						
STATE <u>Ks</u>		ZIP CODE <u>66852</u>																				

JOB TYPE Longstring HOLE SIZE 7 7/8 HOLE DEPTH 2641' CASING SIZE & WEIGHT 5 1/2 17" new
 CASING DEPTH 2633' G.L. DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.7 # SLURRY VOL 41 BBL WATER gal/sk 9.0 CEMENT LEFT in CASING 0'
 DISPLACEMENT 61.3 BBL DISPLACEMENT PSI 800 PSI 1300 Bump Plug RATE _____

REMARKS: Safety Meeting: Rig up to 5 1/2 Csg w/ Rotating Head. Break Circulation w/ Fresh water. Pump 12 BBL Caustic Soda Pre Flush, 5 BBL water Spacer. Mixed 125 sks Thick Set Cement w/ 5" Kol-Seal /sk, Pheno-Seal 1/4" /sk @ 13.7 #/gal. Wash out Pump & Lines Shut down. Release Latch down Plug. Displace Plug to Seat w/ 61.3 BBL Fresh water. Final Pumping Pressure 800 psi. Bump Plug to 1300 psi. wait 2 minutes. Release Pressure. Float & Plug Held. Good Circulation @ ALL times during Cementing Procedures. Rotated Casing while Displacing Cement. Job Complete. Rig down.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	925.00	925.00
5406	30	MILEAGE	3.65	109.50
1126 A	125 sks	THICK Set Cement	17.00	2125.00
1110 A	625 #	Kol-Seal 5" /sk	.42	262.50
1107 A	30 #	Pheno-Seal 1/4" /sk	1.15	34.50
1103	100 #	Caustic Soda Pre Flush (12 BBL)	1.45	145.00
5407	6.87 TONS	Ton Mileage Bulk Delv.	MIC	315.00
5502C	3 hwo	80 Bbl WC	85.00	255.00
4159	1	5 1/2 AFU FLOAT Shoe	328.00	328.00
4104	1	5 1/2 Cement BASKET	219.00	219.00
4130	6	5 1/2 x 7 7/8 Centralizers	46.00	276.00
4454	1	5 1/2 Latch down Plug	242.00	242.00
1123	3000 gal	City Water	14.90	44.70
5611	1	Rental on Rotating Head	100.00	100.00
			Sub Total	5381.20
			SALES TAX 7.8%	286.19
			ESTIMATED TOTAL	5667.39

THANK YOU
238624

AUTHORIZATION By Randy Trimble

TITLE Partner

DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



phone: 316-337-6200
fax: 316-337-6211
<http://kcc.ks.gov/>

Thomas E. Wright, Chairman
Ward Loyd, Commissioner

Corporation Commission

Sam Brownback, Governor

May 20, 2011

Randall L. Trimble
Trimble & Maclaskey Oil LLC
110 SOUTH ST
PO BOX 171
GRIDLEY, KS 66852

Re: ACO1
API 15-111-20437-00-00
Rossillion 2
NE/4 Sec.25-21S-10E
Lyon County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,
Randall L. Trimble

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



phone: 316-337-6200
fax: 316-337-6211
<http://kcc.ks.gov/>

Thomas E. Wright, Chairman
Ward Loyd, Commissioner

Corporation Commission

Sam Brownback, Governor

May 23, 2011

Randall L. Trimble
Trimble & Maclaskey Oil LLC
110 SOUTH ST
PO BOX 171
GRIDLEY, KS 66852

Re: ACO-1
API 15-111-20437-00-00
Rossillion 2
NE/4 Sec.25-21S-10E
Lyon County, Kansas

Dear Randall L. Trimble:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 12/06/2010 and the ACO-1 was received on May 20, 2011 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department